

COUNCIL-SPONSORED TRAINING SESSION REGISTRATION FORM

Complete a separate form for each session and provide all the information requested. You may duplicate this form as needed. Fax your registration with credit card payment to 651-227-7533, or mail a form with check made out to River Valleys at 400 Robert Street South, St. Paul, MN 55107. You may also register on the website at www.girlscoutsrv.org, using the electronic registration form with a credit card.

Name: _____ Date: _____

Address: _____ Day Phone: (____) _____

City/State/Zip: _____ Evening Phone: (____) _____

E-mail Address: _____ Cell Phone: (____) _____

Service Unit: _____ Troop #: _____

Training Session Title: _____

Date Begins: _____ Date Ends: _____

Location: _____ Time (Begin - End): _____

Special Needs (includes allergies): _____

Payment (including any grant applications) must be submitted with your registration form.

Payment Information: Fee per adult: \$ _____ Total Enclosed: \$ _____

Method of Payment: Check or money order payable to River Valleys: \$ _____

Charge my credit card: \$ _____

Grants for Adults Application(s): \$ _____

Credit Card Type: Visa Master Card Discover 3-digit Security Code: _____

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature _____

Billing Address (if different than above): _____



Girl Scouts®

Minnesota and Wisconsin
River Valleys